

**EVALUATION
OF THE
TRAINING IN REPRODUCTIVE HEALTH (TRH III) PROJECT
EXECUTIVE SUMMARY**

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ACRONYMS

AED	Academy for Educational Development
ANE	Asia and the Near East
ANM	Auxiliary nurse-midwives
ARH	Adolescent reproductive health
ATS	Advanced Training Skills (course)
BPT	Best Practices in Training (conference)
CA	Cooperating agency
CBT	Competency-based training
CDC	Centers for Disease Control and Prevention
CHO	Community health officer
CHPS	Community-based Health Planning and Services (project)
CMT	Communication, Management and Training Division (G/PHN/POP/CMT)
COTR	Contracting officer's technical representative
CTS	Clinical Training Skills course
CTU	Contraceptive technology update
D&C	Dilation and curettage
DFID	Department for International Development, United Kingdom
DHS	Demographic and Health Survey
Drew	Charles R. Drew University of Medicine and Science
ECASON	East, Central and Southern Africa College of Nursing
ENR	Electronic Nursing Registry
EOC	Emergency obstetric care
FHA/WCA	Family Health and AIDS/West and Central Africa
FHI	Family Health International
FP	Family planning
FPSD	Family Planning Services Division (G/PHN/POP/FPSD)
FS	Field support
FTD	Faculty and Trainer Development
FY	Fiscal year
G/PHN/POP	Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition, Office of Population
GH/PRH	Bureau for Global Health, Office of Population and Reproductive Health
HBCU	Historically black colleges and universities
HCD	Human capacity development
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HR	Human resources
HTAG	Health technical assistance group
IEC	Information, education, and communication
INTRAH	Program for International Training in Health
IRO	Information Resources Office, JHPIEGO
IRs	Intermediate Results
IUD	Intrauterine device
JHU	Johns Hopkins University
JHU/CCP	Johns Hopkins University Center for Communication Programs
JICA	Japanese International Cooperation Agency
JSI	John Snow, Inc.
LAC	Latin America and the Caribbean
LAM	Lactational amenorrhea method
LPS	Learning and Performance Support Office (JHPIEGO)
MAARD	Modified Acquisition and Assistance Request Document
MAQ	Maximizing Access and Quality
MCH	Maternal and child health
MNH	Maternal and Neonatal Health program
ModCal®	Modified Computer-Assisted Learning
MOE	Ministry of Education
MOH	Ministry of Health
MOHP	Ministry of Health and Population

MSH	Management Sciences for Health
MSM	Morehouse School of Medicine
MVA	Manual vacuum aspiration
NCTN	National Clinical Training Network, Indonesia
NGO	Nongovernmental organization
NMC	Nurses and Midwives Council
NMCM	Nurses and Midwives Council of Malawi
NSV	No-scalpel vasectomy
OIHP	Office of International Health Programs, Morehouse School of Medicine
OJT	On-the-job training
OSCE	Objective structured clinical examination
PAC	Postabortion care
PDA	Personal digital assistant
POPTECH	Population Technical Assistance Project
PRIME	Primary Providers Training and Education in Reproductive Health
PSE	Preservice education
PSS	Performance Support Service
QAP	Quality Assurance Project
RCQHC	Regional Centre for Quality Health Care (Makerere University, Uganda)
REDSO/EA	Regional Economic Development Support Office/East Africa
RH	Reproductive health
RHU	Reproductive health unit
RP	Results Package
SDI	Service Delivery Improvement Division (G/PRH/SDI)
SDP	Service delivery point
SFPS	Santé Familiale et Prévention de SIDA (Family Health and AIDS)
SO	Strategic Objective
SR	Subresult
SSO	Strategic Support Objective
STARH	Sustaining Technical Achievements in Reproductive Health
STI	Sexually transmitted infection
TALC®	Technology-assisted learning center
TFGI	The Futures Group International
TIMS®	Training Information Monitoring System
TRF	Training Results Framework
TRH	Training in Reproductive Health (project)
UMSA	Universidad de Medicina de San Andres
UNFPA	United National Family Planning Agency, United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization
ZIHP/JSI	Zambia Integrated Health Project/John Snow, Inc.
ZNFPCC	Zimbabwe National Family Planning Council

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EXECUTIVE SUMMARY

INTRODUCTION

This report summarizes the findings, conclusions, and recommendations of the final evaluation of the Training in Reproductive Health (TRH III) cooperative agreement between the U.S. Agency for International Development (USAID) and the JHPIEGO Corporation. The evaluation was conducted in the fall of 2002. JHPIEGO, a nonprofit affiliate of the Johns Hopkins University, is dedicated to improving the health of women and families throughout the world by increasing the number of qualified professionals trained in reproductive health care. JHPIEGO has been conducting training with support from the USAID Office of Population since 1988. The TRH agreement, obligated on September 30, 1998, for \$97 million, is the third consecutive agreement awarded to JHPIEGO. The cooperative agreement covers the period from 1998 to 2003.

For the period September 30, 1998 to August 31, 2002, JHPIEGO expended \$34,373,619, nearly 75 percent of total TRH funding (\$45,998,302 core and field support [FS]/Modified Acquisition and Assistance Request Document [MAARD]). Total bilateral program funding received by JHPIEGO for the same period was \$33,162,720; bilateral expenditures through August 2002 totaled \$30,442,116. (An analysis of the financial management of the project is provided in section VII, Project Management.)

The principal purposes of the evaluation were to

- assess the extent to which TRH has accomplished the priorities and expected results defined by the Training Results Framework as described in the cooperative agreement, and
- make recommendations about future strategic directions for improved training and performance support.

The evaluation began with an extensive review of background materials and interviews with USAID Bureau for Global Health, Office of Population and Reproductive Health (GH/PRH) and JHPIEGO headquarters staff. Members of the six-person evaluation team visited TRH country programs in Malawi, Zambia, and Ghana. One team member traveled to Bolivia where TRH had a program from 1998 to 2001. Informants in the field included staff from TRH country programs and USAID field Missions and representatives from ministries of health and other government and partner institutions as well as clinical trainers, nurse-midwife faculty, and students. Seven out of 10 USAID Missions surveyed responded to an electronic questionnaire. Clinical observations in the field included postpartum family planning counseling, intrauterine device (IUD) insertion, manual vacuum aspiration (MVA) procedures, and two childbirths.

BACKGROUND

The Strategic Objective for the TRH cooperative agreement is “improved provider performance and sustainable national capacity for training and education in family planning (FP) and reproductive health (RH).” That Strategic Objective is supported by

five strategic themes and four programmatic objectives that directly relate to the Training Results Framework developed by the Communication, Management and Training Division (CMT). The strategic themes that guide the implementation of the TRH project are:

- quality,
- sustainability,
- performance improvement,
- performance support services, and
- evaluation

(These themes are described in more detail in section I, Introduction.)

The overarching programmatic objective of the TRH project is **capacity building**—to expand national capacity for strengthening human resources in order to increase access to and quality of family planning and other selected reproductive health services. The second main objective is to promote and harmonize sound **reproductive health policies** in order to enhance resources and facilitate implementation of sustainable national programs. The two main objectives are complemented by secondary objectives—the development of **learning interventions** and alternative learning approaches to improve the effectiveness and efficiency of integrated reproductive health education, and the development of **global expert resources** to maximize the effectiveness and impact of an expanding group of international reproductive health experts and associated institutions.

KEY FINDINGS AND RECOMMENDATIONS

Capacity Building

Findings

JHPIEGO successfully adopted the performance improvement approach to carry out six primary activities to strengthen reproductive health training systems in national programs. Specific achievements, issues and recommendations pertinent to each activity are discussed in the following sections.

Preservice Education and Inservice Training

In TRH III, the preservice education initiative is largely focused on nursing and midwifery cadres. Medical preservice education is almost exclusively focused on postabortion care (PAC). From September 1998 to June 2002, TRH has strengthened preservice education programs in 15 countries and has established new programs in 7 countries, exceeding the target of 20 programs set at the inception of the project. These countries now have sustainable training systems and are producing competent health care providers to meet reproductive health training and service delivery needs.¹ To date, inservice training programs have been established or strengthened in 27 countries, far exceeding the goal of six inservice training programs targeted at the outset of TRH III. Selected achievements of TRH preservice and inservice training programs include:

¹ See appendix D, JHPIEGO Responses to TRH Evaluation Self-Assessment Questions, August 26, 2002.

- Revised curriculum and training materials have been harmonized with and reflect national guidelines for FP/RH services.
- Infection prevention standards and practices are in place at most clinical sites.²
- The self-paced training approach proved to be an effective way to conduct competency-based training (CBT) for no-scalpel vasectomy (NSV) with limited caseloads.
- Cascade training in the dissemination of standards and guidelines proved to be effective (resulting in increased FP knowledge and service provision practices), particularly when coupled with supportive supervision visits.
- PAC services have been strengthened in Turkey, Malawi, Zambia, Guinea, Nepal, Burkina Faso, Senegal, Uganda, Ecuador, and Haiti.

Curriculum Development and Strengthening

The development or strengthening of FP/RH curricular components is a core preservice strengthening intervention. Typically, the FP/RH components are developed in modular form to facilitate integration of the components into an existing training program or adaptation as an independent training document for refresher and/or continuing education activities. Illustrative successes in this area are documented in the Ukraine, where the FP/RH curricular components were successfully incorporated into the government national training system and in Ghana, where the service delivery guidelines and training curricula developed with TRH assistance are now the official standard for the Nurses and Midwives Council (NMC).

Faculty and Trainer Skills Development

The Faculty and Trainer Development Pathway is the approach used by JHPIEGO to build training and teaching capacity. The pathway has two main components: course work and a practice experience (see appendix I). A trainer candidate completes a knowledge update, skills standardization, and a clinical training skills (CTS) course to become a qualified clinical trainer. To date, TRH has produced 420 qualified trainers at different levels (315 clinical trainers, 81 advanced trainers, and 24 master trainers). The competency-based, humanistic approach to training is highly regarded by host country governments and training institutions and has been described by various host government partners as the best approach to ensure that providers have the practical knowledge needed to perform their jobs. Observations in the field as well as TRH evaluations suggest that in order to extend the benefit, value, and long-term impact of training, providers and trainers should have access to knowledge updates, refresher courses, and/or supportive supervision to reinforce learning and the application of newly acquired skills.

² Ibid.

PAC and Infection Prevention

PAC represents one of the most powerful tools available to reduce maternal and infant mortality rapidly. Coupled with infection prevention and family planning interventions, PAC can be a highly acceptable and very effective package, valued both by service providers and clients. PAC with infection prevention works because it is simple in concept, relatively low cost, and easy to implement. Program planners can see results in a relatively short time: reduced maternal mortality, reduced infant mortality, and increased use of modern contraceptive methods. In the TRH program, modern FP method acceptance is typically between 50 and 90 percent of post-MVA patients who have been counseled for FP. These results are in accordance with those found in other programs. Post-MVA clients are not typically followed over time; therefore, the contraceptive continuation rates are not known.

Selected Issues in Capacity Building

In some country programs, standards for posttraining competency are higher than the national standards of licensing bodies. Agreement on performance levels for competency is developed in discussions between JHPIEGO and stakeholders (such as ministries of health) and licensing bodies (such as medical or nursing councils). Selection criteria for clinical sites and preceptors are defined and agreed upon between JHPIEGO and stakeholders (usually the Ministry of Health [MOH]), but the MOH is not always able to apply the criteria uniformly to clinical training sites (e.g., in countries where there are a large number of sites associated with a preservice institution). Anatomic models in country programs visited show the effects of heavy use in preservice settings because of large class size. TRH efforts to help ensure a working linkage between preservice education, service delivery, and inservice training have been successful in some countries. However, the support supervision system is inadequate in some settings to address the needs of preceptors and providers. Support supervision often is *not* a priority for the preservice institutions or the MOH so that it can be difficult to implement. There is a need to increase policy advocacy to expand the role of nurses and clinical officers to provide family planning services in countries where TRH is working.

Selected Recommendations

- JHPIEGO should continue to build on collaborative relationships with professional nursing and midwifery organizations as they have done with their board members from the International Confederation of Midwives and the Philippines nursing associations to apply relevant experiences in preservice education. JHPIEGO should develop a collaborative relationship with the American College of Nurse-Midwives to draw from the nursing/midwifery body of literature to inform curriculum development. JHPIEGO should also continue to build on and use its relationship with the Johns Hopkins School of Nursing.
- The supervisory system should be developed/enhanced using the performance improvement framework as a precursor to the preparation of clinical training sites.

- JHPIEGO should increase the number of opportunities for mentoring candidate trainers.
- JHPIEGO should increase the use of service-level data to enhance the TRH approach to training and systems strengthening and build in effective monitoring tools to provide feedback for providers, supervisors, and program planners.
- JHPIEGO should conduct institutionwide refresher skills workshops, infection prevention updates, and continuing education courses (i.e., newborn resuscitation, IUD and Norplant insertion, and MVA skills).
- JHPIEGO should produce learning guides of more durable material as well as multiple checklists as supervisory and learning tools.
- JHPIEGO should work with PAC programs to ensure that mechanisms are in place to follow up PAC/MVA clients after discharge to determine key FP and RH outcomes over time.

Training Management and Monitoring Tools

During the TRH project, JHPIEGO developed various computer-based tools, including the Training Information Management System[®], the Electronic Nursing Registry, and the Postabortion Care Logbook and Database. These tools are designed to assist managers in planning and monitoring reproductive health activities. These applications were reviewed to determine if the software supplies relevant information—and only the relevant information—that the user needs to plan and monitor its work.

Training Information Monitoring System (TIMS)

TIMS is used by JHPIEGO Baltimore and some of JHPIEGO's field offices to track training events, trainers, and participants. Currently, the database is not used by all the field offices. JHPIEGO is still determining the best way to synchronize data from decentralized databases. Over the past few years, several JHPIEGO field offices and national organizations in Indonesia, Kenya, Malawi, and Nepal expressed interest in using TIMS for managing local training programs. In response, JHPIEGO has provided TIMS software, manuals, and training to various organizations.

Electronic Nursing Registry (ENR)

The ENR appears to have improved the accuracy of the Nurses and Midwives Council of Malawi's (NMCM) data and reduced significantly the time required to generate critical information for the NMCM. The ENR has the potential to be an essential tool for certification or relicensing initiatives with continuing education requirements. Other parastatal organizations with similar missions, such as medical, dental, or pharmaceutical councils, might also benefit from this tool.

The Postabortion Care Logbook and Database

The Postabortion Care Logbook and Database assists service providers in tracking postabortion care procedures (dilation and curettage [D&C] versus MVA), occurrence of family planning counseling, and family planning acceptance rates among postabortion care patients. The PAC database can function independently in a clinical setting. PAC database users appear to be satisfied with the database and the reports generated. The challenge for the future will be to integrate the use of these reports into the broad PAC program so that program managers become more adept at understanding the progress of their program and managing their resources accordingly.

Recommendations

- JHPIEGO should continue to explore synchronization and web-access options so that TIMS could be made available to all of its field offices.
- The use of TIMS should be expanded to monitor performance of trainers and participants.
- The PAC database should be a standard part of JHPIEGO's PAC programs and integrated into its technical assistance in that area.

Reproductive Health Policy

The overall objective in the area of reproductive health policy is to collaborate with governments and key institutions to promote and harmonize sound reproductive health strategies in order to gain maximum benefit from resources and facilitate implementation of sustainable national programs. TRH has five discrete activities in this area:

- issue identification,
- policy change support,
- policy formulation,
- policy implementation, and
- evaluation.

Findings

TRH's work with governments to expand the role of nurses and clinical officers is one of its major successes in this area. In a number of countries,³ TRH helped to establish PAC task forces that have been successful in their efforts to introduce and expand PAC services, encourage knowledge sharing across country programs, and orient program managers who are responsible for implementing PAC programs. For example, TRH undertook a policy advocacy initiative in Nepal that resulted in the expansion of the role of auxiliary nurse-midwives so that they can now perform MVA procedures. In Zambia, TRH worked with the PAC task force to establish a 3-phase action plan to expand PAC services to all levels of health care, using a self-directed learning approach. To date, the program has offered comprehensive PAC services to 15,000 patients. In Malawi, clients

³ See appendix D, JHPIEGO, Responses to TRH Evaluation Self-Assessment Questions, August 26, 2002.

are appropriately counseled for family planning, and 30–90 percent of clients accept an FP method before leaving the hospital. PAC successes in other country settings are noted in section IV of this report.

TRH has experienced some success (Kenya, Bolivia, and Malawi) in the area of preservice and inservice systems integration that allows faculty at the tertiary level to meet with trainers and preceptors at the service delivery level to acquire knowledge and skills and to share experiences.

Selected Policy Issues

The human resource crisis and the resulting shortage of qualified nurses and other health personnel is a major hindrance to the development and quality of health services in countries such as Malawi and Zambia. Service data are not routinely used as management tools. There is a need for learning packages for populations with low literacy rates. There is a critical need for follow up of women who accept family planning after MVA procedures. Monitoring mechanisms are needed to ensure that basic needs are met at service delivery levels, including supplies, logistics, and family planning commodities. There are also needs for uniform recordkeeping of evacuation clients and increased availability of service delivery guidelines.

Recommendations

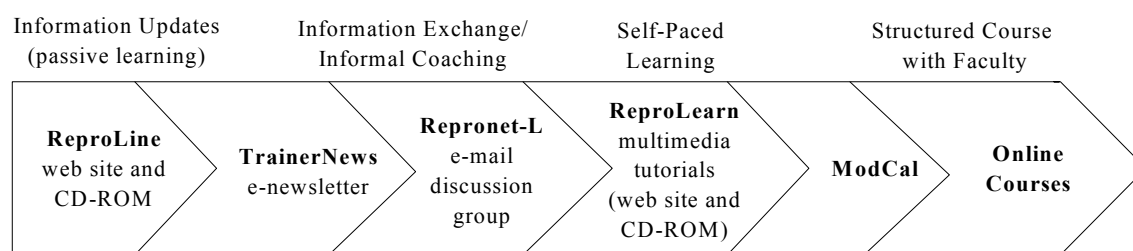
- JHPIEGO should work with host country governments and donors to fully fund and support the expansion of successful PAC programs in Zambia and other countries. The existing PAC and infection prevention initiative should be reviewed carefully with respect to the possibility of their expansion for countrywide coverage. New initiatives should be undertaken with a view toward countrywide expansion.
- Effective and sustainable monitoring systems should be developed to guide and inform the direction of policy, training, and supervision in the national program.
- JHPIEGO should seek innovative ways of engaging with other partners to ensure that training experiences are translated into effective service delivery in the workplace.
- JHPIEGO should continue to work in collaboration with host government institutions to develop strategies and mechanisms that will help reduce staff attrition and use the TRH Malawi experience as a possible model for engaging in workforce development activities.
- JHPIEGO should consider ways to transfer needed clinical and nonclinical skills to lower level cadres.
- To ensure national coverage, USAID should invest core funds for expanding the impact of PAC activities to maximize clients' access to family planning.

Alternative Learning Approaches

Findings

JHPIEGO offers a range of performance support tools, including ReproLine®, TrainerNews®, Repronet-L, ReproLearn®, and Modified Computer-Assisted Learning (ModCal®). The overall objective for these technologies is to complement traditional group-based training and to do so in ways that would extend and deepen the impact of its training and technical assistance. Over the last four years, JHPIEGO maintained production of TrainerNews and Repronet-L, expanded the content available through ReproLine, and developed new products, such as ReproLearn. These tools span a continuum of objectives, formats, and media. They address different learning objectives, extending from passive receipt of information to interactive course participation. The tools can involve reading information, asking questions or interacting with others, or engaging in knowledge and skills building through structured online courses.

Figure 1
JHPIEGO Performance Support Tools



Source: JHPIEGO

In an effort to make content available to those who would benefit but might not have access to the technology, JHPIEGO established 11 technology-assisted learning centers (TALCs®) in seven countries over the past three years. TALCs are located in universities, training institutions, or JHPIEGO offices. Each TALC is equipped with 2–10 networked computers that are connected to the Internet and a local printer. Health-related CD-ROMs, such as Reproductive Health Library, Topics in International Health, and ReproLine are available to TALC users.

In the TALCs observed and in review of the logbooks, faculty and trainers appear to be the group least likely to use the services available. In Malawi, between May and September, faculty or trainers accounted for only 2 of the 22 recorded sessions at TALCs and 12 of 50 recorded sessions at the Kamuzu College of Nursing in Lilongwe, although it should be noted that those computers are not yet connected to the Internet.

Issues

Some of the issues raised relate to the cost and limitations in access to new technologies, such as computers and the Internet; the extent to which target audiences have or are likely to have access to these technologies now or in the next few years; and the recognition that JHPIEGO's investments in technology-based alternative approaches are only a part of its

total investment in training materials and curriculum. From a management perspective, an essential question is how JHPIEGO can develop further these performance support products and services to increase its impact and how this can be done using the investment of USAID's core funds to generate field interest and eventually field support.

TrainerNews, the monthly e-mail newsletter, while informative and useful in its current state, needs to expand to cover topics not currently covered and needs to be translated into other languages. Repronet-L, an e-mail-based discussion group, has no system for routinely registering newly trained master trainers. There is a question as to whether JHPIEGO's TALCs are reaching the target audiences and achieving the desired goals. There is concern that the computers in the learning centers are being used for word processing rather than for the web and e-mail. More importantly, due to the financial, technological, and managerial issues that plague all of the TALCs observed, it is not clear whether most TALCs will be able to survive on user fees alone.

Recommendations

- The use of performance support tools should be systematically linked to field activities. Such tools can benefit audiences with whom JHPIEGO does not work directly and can be used in combination with traditional training and technical assistance.
- JHPIEGO should continue to invest in its web and e-mail products to address the substantial demand for the performance support tools available on the web.
- JHPIEGO should focus its investments on access to content, not access to technology. Access to technology has increased significantly while the cost of access has decreased.
- JHPIEGO should evaluate the continuation of investing core funds in other tools and resources to facilitate access to information.
- USAID should look for ways to link technology initiatives with global projects.
- USAID should enhance its investments in dissemination by encouraging cooperating agencies to package materials that are sent to the field.

Global Expert Resources

The four main activities under the global expert resources objective are support of trainers via the performance support service (PSS), development of a global trainer network, support of regional training institutions to promote collaboration among developing countries, and capacity building of historically black colleges and universities (HBCUs). Performance support tools were addressed in the previous section. Key findings, issues, and recommendations pertinent to the global network, regional institutions, and HBCUs are presented in the following sections.

Findings

Global Trainer Network

The global trainer network is comprised of 664 qualified trainers, 1,953 candidate trainers, 212 classroom faculty, and 48 clinical instructors (as of September 30, 2002). While the network has tremendous potential to serve as a resource that promotes continued learning and development of trainers and the effective delivery of training and support services, it is an underutilized resource largely because trainers are not systematically linked to the technical resources or to one another. A survey is now being administered to identify trainer areas of expertise, activities, and support needs, and it should be administered periodically. Additional emphasis should be placed on developing a formal mentoring system, improving access to technical resources and technology-assisted learning tools, and improving knowledge management and communication among trainers in the network.

Reproductive Health Advisor Program

For the past seven years, JHPIEGO has supported the practicum component of the reproductive health advisor program, an M.P.H. degree program for midlevel health care professionals with training experience and leadership potential. Upon completion of the M.P.H., the advisor is employed by the Clinical Services Division for the Learning and Performance Support Office for their one to two year practicum. The program has yielded a pool of seven reproductive health experts (physician/M.P.H.) that can serve the interests and needs of the project and the global trainer network.

Regional Centre for Quality Health Care (RCQHC)

TRH effectively transferred RH knowledge and skills to RCQHC so that the centre now provides technical assistance in the delivery of echo courses in competency-based clinical training (e.g., Norplant, minilaparotomy, emergency obstetric care [EOC]); maternal and neonatal health updates; and supervision for performance and quality improvement. RCQHC provides technical assistance directly to the ministries of health within the region to support the development of RH curricula and job aids (e.g., Norplant, minilaparotomy) and learning packages (EOC).

Historically Black Colleges and Universities (HBCU) Initiative

The TRH HBCU training initiative was established to

- increase the number of staff available to provide technical assistance in reproductive health education and training in international settings, and
- to strengthen the administrative infrastructure and increase the capacity of HBCUs to procure and manage international contracts.

Collaborative partnerships were entered into with the Morehouse School of Medicine (MSM) (1994–1997), and the Charles R. Drew University of Medicine and Science (Drew) (1999–present). Since the inception of the cooperative agreement, TRH has

invested \$672,000 in the HBCU initiative. Selected results of the initiative are presented below.

- **MSM**

- Coordinated health components of the Fourth (1995) and Sixth (1997) Africa/African-American Summits in Ghana and Zimbabwe, respectively.
- Negotiated a contract with the World Health Organization (WHO) to conduct a series of seminars on maternal and child health and HIV/AIDS at WHO's Center for Health Development in Kobe, Japan, in 1998.

- **Drew**

- Conducted needs assessments and infection prevention training in Indonesia and reproductive health updates, clinical training skills, and instructional design courses in Peru and Jamaica (TRH, 2002).
- Awarded a grant by the Bill and Melinda Gates Foundation to conduct cervical cancer screenings in Guatemala.

Issues

Additional trainers with FP/RH expertise are needed to fill human resource gaps and to respond to critical FP/RH needs and priorities. Trainers in the network are not fully aware of the human and technical resources at their disposal; some would benefit from formal mentoring. Regional centers need continued support as they seek to build their own capacity and institutional viability. It is unclear whether or not HBCU trainers are counted among network resources. HBCU RH expertise and training resources are still largely untapped in the international health domain. More opportunities should be created to use/market HBCU newly acquired skills.

Selected Recommendations

- JHPIEGO should solicit input from the field on challenges faced in providing training according to the Faculty and Trainer Development (FTD) Pathway and should identify regional resources to assist with problem solving in order to produce additional qualified trainers.
- The trainer network should be expanded to include private sector providers and cadres at lower levels of the health care system and HBCUs.
- A mentoring and network communications strategy should be developed and/or formalized that makes effective use of reproductive health advisors, regional institutions, and network expertise.
- JHPIEGO should build MSM capacity to function as a technical assistance institution in developing the training capacity of regional institutions, Drew, and other HBCUs.

- JHPIEGO should provide ongoing technical assistance, resources, and support to HBCUs to write competitive bids and increase their marketability in international health.

Management

JHPIEGO's technical assistance approach is much more field oriented and more sensitive to host country concerns than it had been in the past. Some of the observable changes in the project culture and focus include the following:

- The training focus has expanded from physicians to nurses, nurse-midwives, and increasingly, lower level personnel, such as enrolled nurses. Currently, the focus is on preservice and continuing education for health professionals and selective inservice training.
- Country and regional technical staff provide onsite technical assistance and make good use of the network of international advisers.
- It is more adept at seeking partners and collaborating in joint activities.
- It effectively uses the performance improvement approach and provides a broader range of health interventions, including maternal and child health, HIV/AIDS, policy, and monitoring and evaluation systems.

Team observations in the field and interviews with USAID and Mission personnel tend to substantiate the above-mentioned changes as real, continuing, and important, as they help to reinforce a technical assistance approach favored by USAID and provide the Missions and host country institutions with a broad base of assistance. JHPIEGO has adopted a systems approach, which is an analysis of factors that facilitate or inhibit the success of its training activities. In this regard, TRH has incorporated policy-oriented activities and certain monitoring and evaluation activities. Although this is a positive beginning, additional efforts are needed.

The TRH award provided for a funding level of up to \$80 million over the four-year period from 1998 to 2002. This included both core and field support (FS)/MAARD funding. Nearing the close of fiscal year (FY) 2002, it appeared that total funding would be near the \$50 million level (including about \$25 million in core funding and \$21 million in FS/MAARD), or an average of \$10 million per year. However, it is clear that in some sense TRH may no longer be needed in some countries both because it has achieved a sufficient level of indigenous capacity to provide clinical training and because Missions are increasingly turning to bilateral projects to provide some of the same type of support that TRH has provided. Indeed, JHPIEGO received \$33 million in bilateral funding during the same four-year period, including \$29 million to support Family Health and AIDS/West Africa Regional Program countries.

Issues

It should be noted that TRH has a limited mandate and very little control over the many component parts in the overall health service delivery system in any given country. Moreover, TRH's scope regarding the training of personnel within the health system generally is limited to those physicians and nurses/nurse-midwives working at the district level or above. With the exception of the Community-based Health Planning and Services (CHPS) project in Ghana, TRH's scope does not extend to personnel below that level who, in essence, deliver the bulk of FP/RH services in many countries. TRH has not had the resources to extend its successes to an entire country. It has been constrained in the use of core funds to fund startups other than PAC.

TRH has difficulty satisfying client needs for current financial information since it is tied to the university accounting system; it cannot always provide USAID with timely data on expenditures and future unexpended obligations. Expenditure data are coded according to the university's procedures and timetable, often resulting in lengthy processing and, at times, in erroneous or misleading information.

Selected Recommendations

- JHPIEGO/TRH should refocus its efforts on FP/RH and examine how to strengthen FP/RH components of all activities, even when drawn into new program areas, such as HIV/AIDS.
- JHPIEGO should continue to pursue a systems approach and broaden it to include other important components of service delivery.
- JHPIEGO should continue to develop and use monitoring systems to validate training approaches and outcomes.
- attempt to assure that its product development efforts are strategic and are driven principally by field needs.
- JHPIEGO should develop as soon as possible a means of providing needed financial data in an accurate and timely form.

CONCLUSIONS

JHPIEGO is complying with the letter and spirit of the TRH cooperative agreement. The project has exceeded its target indicators in key program areas, specifically, strengthening preservice education and inservice training and institutionalizing host country capacity to review, revise, and update family planning and reproductive health service delivery guidelines. JHPIEGO has effectively shifted its program orientation from training to performance improvement and support. This shift in focus has resulted in a more field-based approach to project management, increased emphasis on partnerships and stakeholder engagement, and incorporation of a broader range of program interventions (e.g., supervision systems, HIV/AIDS, policy advocacy, workforce development, and quality assurance) that have a direct bearing on strengthening training systems.

JHPIEGO has been particularly effective in

- establishing a structured trainer development process and implementing the competency-based approach to training,
- creating and disseminating standardized training packages and materials,
- introducing FP/RH curricular components into national training programs,
- advocating for policy change to expand the role of nurses/midwives and clinical officers,
- developing a range of performance support tools, and
- using the performance improvement approach to institutionalize infection prevention practices and programs.

The impact of TRH interventions on provider *and* client behavior is exceedingly clear in some cases. The coupling of PAC and infection prevention has reduced maternal mortality and measurably increased acceptance of modern family planning methods. There is substantial evidence that many of the approaches, products, and tools developed by TRH have been adopted by bilateral programs and other organizations.

TRH has experienced moderate success with the development of training information and monitoring systems. Currently, there is no clear system in place to collect and analyze data from decentralized databases. Additional focus on the use of service-level data to guide and inform the direction of curriculum development, training, support supervision, and policy is warranted. Increased emphasis should be placed on building effective monitoring systems versus investments in time and cost-intensive program evaluations. With regard to technology-based learning approaches, future investments should be focused on increasing access to content versus access to technology. TRH should intensify efforts to market and expand the impact of effective programs including, but not limited to, preservice strengthening, PAC, and infection prevention.

It has become increasingly important for JHPIEGO and other cooperating agencies (CAs) to form strategic alliances and work in partnership with other organizations that function at different levels of the service delivery system to address critical issues related to the attrition of experienced health care providers, decentralization, static or reduced budgets, and the impact of the AIDS pandemic. These systemic issues, if not addressed, will compromise JHPIEGO's ability to affect the significant program gains made over time.

FUTURE DIRECTIONS

USAID is presently undergoing a major effort to restructure its procurements under the newly titled Service Delivery Improvement (SDI) Division (formerly the Family Planning Services Division). Training is one of several components being examined for possible restructuring. Manageability, cost, and effectiveness should be of primary concern. In addition, GH managers are concerned with issues of technical leadership and relevancy (as seen by the field Missions) in an era when it would appear that central

projects are being underutilized as Missions move toward using broad-scale, bilateral projects.

The CAs and contractors very nearly represent USAID's entire body of technical expertise and experience in RH, FP, and other critical program areas. This expertise has been established over a 30-year period and is unparalleled in international public health. This body of expertise is **not** being used as effectively as it might be due to some of the factors discussed in section IX.

The future direction should include the adoption of a systems approach, wherein the individual components of complex systems—such as FP/RH service delivery systems—are identified, realistic strategies are developed leading to realistic interventions, and necessary technical assistance is provided by component specialists working together in the same geographic area at the same time to achieve strategically determined results. Moreover, given that the mix of talent required in each instance depends on the specific circumstances of the intervention effort, future programs need to employ flexible mechanisms to ensure delivery of a variety of high-quality technical assistance. They should also encompass the numerous small-scale USAID-led successes that have never been sufficiently expanded to have countrywide impact. The principal overall challenge to USAID is to find an effective way to join its pool of high-quality technical expertise (represented by its CAs and contractors) with the needs in the field for improved strategic planning, project formulation, targeted and coordinated implementation, and more controllable management units. In so doing, SDI needs to be wary of programming changes that would tend to blunt its specialized technical assistance instruments (i.e., the CAs and contractors), making them similar to a flagship project and perhaps even less relevant to the needs of the field Missions. (In USAID terminology, flagship suggests a consolidation of partner agencies that share the same objective under one procurement vehicle, led by one or more of the partners.)

Many countries still can benefit from specialized technical assistance to assist them in producing needed trainers and providers and in establishing a viable in-country capacity to produce needed personnel in the future. From the USAID perspective—including the Missions—the challenge is to find an efficient way to configure needed technical assistance in training to meet specific in-country needs, both short and long term. Additionally, the need to integrate such training technical assistance effectively with other technical assistance (e.g., in service delivery, outreach, logistics, and monitoring and evaluation) is apparent if desired service-delivery outcomes are to be achieved. It would be advisable not to combine too many elements into a single training project for the following reasons:

- specialization is useful, effective, and highly valued among clients,
- technical leadership is unlikely to be achieved through generalization,
- USAID should not dilute or drain the pool of excellence it has sponsored over the past 30 years, and
- the large central projects are likely to be difficult for USAID to manage.